Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 × COMMITTEE (in full) is changed) over the lines. Citizens Against Little Fingers 66 Montague St ADDRESS (number and street) (Check if address is changed) Brooklyn 11201 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS david@stoptinytrump.com (Check if address is changed) Optional Second E-Mail Address david@infinitymediacorp.com COMMITTEE'S WEB PAGE ADDRESS (URL) stoptinytrump.org (Check if address is changed) DATE 2016 C00618132 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. 6464966455 David Raphael Type or Print Name of Treasurer 6464966455 David Raphael [Electronically Filed] 05 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC <b>Fo</b>                  | rm 1 (Revised 02/2009)  | Page <b>2</b>             |
|--------------------------------|---|---------------------------|
| TYPE OF C                      |   | <u>-</u>                  |
| (a)                            | This committee is a principal campaign committee. (Complete the candidate information below   | )                         |
| (b)                            | This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)   | nplete the candidate      |
| Name of<br>Candidate           |   |                           |
| Candidate<br>Party Affiliation | Office Sought: House Senate President   | State                     |
| (c)                            | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                           |
| Name of Candidate              |   |                           |
| Party Con                      | nmittee:  (National, State  | (Democratic,              |
| (d)                            | This committee is a or subordinate) committee of the  | Republican, etc.) Party   |
| Political A                    | ction Committee (PAC):  |                           |
| (e)                            | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co   | nnected organization is a |
|                                | Corporation Corporation w/o Capital Stock   | Labor Organization        |
|                                | Membership Organization Trade Association   | Cooperative               |
|                                | In addition, this committee is a Lobbyist/Registrant PAC.   |                           |
| (f)                            | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)  | egregated fund or party   |
|                                | In addition, this committee is a Lobbyist/Registrant PAC.   |                           |
|                                | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |                           |
| Joint Fund                     | raising Representative:   |                           |
| (g)                            | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate |                           |
| (h)                            | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.        |                           |
| Com                            | mittees Participating in Joint Fundraiser   |                           |
| 1.                             | FEC ID number   |                           |
| 0                              |   |                           |
| 2.                             |   |                           |
| 3.                             | FEC ID number C   |                           |

| FEC <b>Form 1</b> (Revise                                       | rd 02/2009)   | <br>  Page <b>3</b>               |
|---|---|-----------------------------------|
| Write or Type Committee Na                                      |   | i age <b>3</b>                    |
|   | nst Little Fingers  |                                   |
|   | d Organization, Affiliated Committee, Joint Fundraising Representativ                         | e, or Leadership PAC Sponsor      |
| NONE  |   |                                   |
|   |   |                                   |
|   |   |                                   |
| Mailing Address   |   |                                   |
|   |   |                                   |
|   |   |                                   |
|   | CITY STATE  | ZIP CODE                          |
| Relationship: Connec  | cted Organization Affiliated Committee Joint Fundraising Represer                             | ntative Leadership PAC Sponsor    |
| . Custodian of Records: lo books and records.                   | dentify by name, address (phone number optional) and position of the                          | person in possession of committee |
|   | 6455 David Raphael  |                                   |
| Full Name   | 66 Montague St  |                                   |
| Mailing Address   |   |                                   |
|   | Brooklyn  | ,11201                            |
|   |   |                                   |
| Title or Position   | CITY STATE  | ZIP CODE                          |
|   | Telephone number  |                                   |
| 3. <b>Treasurer:</b> List the name a any designated agent (e.g. | and address (phone number optional) of the treasurer of the committe ., assistant treasurer). | e; and the name and address of    |
| Full Name 6464966 of Treasurer                                  | 6455 David Raphael  |                                   |
|   | 66 Montague St  |                                   |
| Mailing Address   |   |                                   |
|   | Brooklyn  | 11201                             |
|   | CITY STATE  | ZIP CODE                          |
| Title or Position   |   |                                   |
|   | Telephone number  |                                   |

| FEC Form  | 1 (Revised 02/2009)       | Page <b>4</b> |  |  |  |  |
|---|---------------------------|---------------|--|--|--|--|
|   |                           |               |  |  |  |  |
| Full Name of<br>Designated<br>Agent   | David Raphael             |               |  |  |  |  |
| Mailing Address   | 66 Montague St            |               |  |  |  |  |
|   | Divides 200               |               |  |  |  |  |
|   | Brooklyn 11201 CITY STATE | ZIP CODE      |  |  |  |  |
| Title or Position   | Telephone number =        |               |  |  |  |  |
| <ul> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.</li> <li>Name of Bank, Depository, etc.</li> </ul> |                           |               |  |  |  |  |
|   | Citibank                  |               |  |  |  |  |
| Mailing Address   | 181 Montague St           |               |  |  |  |  |
|   | - Procedure ANY 44224     |               |  |  |  |  |
|   | Brooklyn NY 11201         |               |  |  |  |  |
|   | CITY STATE                | ZIP CODE      |  |  |  |  |
| Name of Bank, D   | epository, etc.           |               |  |  |  |  |
|   |                           |               |  |  |  |  |
| Mailing Address   |                           |               |  |  |  |  |
|   |                           |               |  |  |  |  |
|   |                           |               |  |  |  |  |
|   | CITY STATE                | ZIP CODE      |  |  |  |  |